



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**FORM L – APPLICATION FOR CO-PERMITTEE PHASE 2 SMALL MS4  
 GENERAL PERMIT (FORM M MUST ALSO BE SUBMITTED)**

FOR AGENCY USE ONLY	
CHECK NUMBER OR JETPAY CONFIRMATION #	
DATE RECEIVED	FEE SUBMITTED

**PLEASE READ ALL THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
 SUBMITTAL OF AN INCOMPLETE APPLICATION MAY RESULT IN THE APPLICATION BEING RETURNED.  
 (FOR INDIVIDUAL SMALL MS4, PLEASE FILL OUT FORM K INSTEAD OF FORM M.)**

**1. REASON FOR APPLICATION:**

- a. These municipalities/area(s) are currently operating a separate storm sewer system under MO – \_\_\_\_\_.
- b. This is a new permit.

**2. NAMES OF EACH MUNICIPALITY/AREA TO BE INCLUDED (Attach additional sheets as necessary)**

NAME OF MUNICIPALITY/AREA MS4			
ADDRESS (HEADQUARTERS PHYSICAL LOCATION)	CITY	STATE	ZIP CODE

**3. OWNER OF EACH MUNICIPALITY/AREA TO BE INCLUDED (Attach additional sheets as necessary)**

OWNER #1 NAME	TELEPHONE NUMBER WITH AREA CODE
EMAIL ADDRESS	

ADDRESS (MAILING)	CITY	STATE	ZIP CODE
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OWNER #2 NAME	TELEPHONE NUMBER WITH AREA CODE
EMAIL ADDRESS	

ADDRESS (MAILING)	CITY	STATE	ZIP CODE
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**4. CONTINUING AUTHORITY OF EACH MUNICIPALITY/AREA TO BE INCLUDED (Attach additional sheets as necessary)**

CONTINUING AUTHORITY #1 NAME	TELEPHONE NUMBER WITH AREA CODE
EMAIL ADDRESS	

ADDRESS (MAILING)	CITY	STATE	ZIP CODE
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CONTINUING AUTHORITY #2 NAME	TELEPHONE NUMBER WITH AREA CODE
EMAIL ADDRESS	

ADDRESS (MAILING)	CITY	STATE	ZIP CODE
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**5. INDIVIDUAL MUNICIPALITY/AREA APPLICANT CONTACT (Attach additional sheets as necessary)**

CONTACT #1 NAME	TELEPHONE NUMBER WITH AREA CODE
EMAIL ADDRESS	

ADDRESS (MAILING)	CITY	STATE	ZIP CODE
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CONTACT #2 NAME	TELEPHONE NUMBER WITH AREA CODE
EMAIL ADDRESS	

ADDRESS (MAILING)	CITY	STATE	ZIP CODE
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**6. COORDINATING AUTHORITY (A single entity providing coordination for all co-applicants included in this application)**

NAME			
ADDRESS (MAILING)	CITY	STATE	ZIP CODE

**7. COORDINATING AUTHORITY CONTACT PERSON**

NAME	TELEPHONE WITH AREA CODE
TITLE	
E-MAIL ADDRESS	

**8. STORMWATER OUTFALLS FOR EACH MUNICIPALITY/ AREA (Attach additional sheets as necessary)**

Outfall Number	Legal Description	GPS Coordinates (specify units)	Receiving Water Body
	Qtr 1 ____ ¼ Qtr 2 ____ ¼ Sec. ____ T ____ R ____		
	Qtr 1 ____ ¼ Qtr 2 ____ ¼ Sec. ____ T ____ R ____		
	Qtr 1 ____ ¼ Qtr 2 ____ ¼ Sec. ____ T ____ R ____		
	Qtr 1 ____ ¼ Qtr 2 ____ ¼ Sec. ____ T ____ R ____		

**9. ADDITIONAL MUNICIPALITY/ AREA INFORMATION**

Attach a 1" = 2000' scale map showing the location of the municipality/area in relation to the local road system. Indicate on the map the municipality/area boundaries, the receiving stream(s); all known stormwater outfalls; and the map section, township, and range or GPS Coordinates.

**10. FEES**

Permit fees may be paid by attaching a check, or online by credit card or eCheck through the JetPay system. For permit renewals of active permits, fees are invoiced annually via a separate request. Use the URL provided to access JetPay and make an online payment:

- For new general permits (MOR): <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/604>
- For modifications: <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/596>

**11. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM**

Per 40 CFR Part 127, National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, reporting shall be submitted by the permittee via an electronic system to ensure a timely, complete, accurate, and nationally-consistent set of data. One of the following options must be checked in order for this application to be considered complete. Visit [dnr.mo.gov/env/wpp/edmr.htm](http://dnr.mo.gov/env/wpp/edmr.htm) for more information.

You have completed and submitted with this permit application the required documentation to participate in the eDMR system.

You have previously submitted the required documentation to participate in the eDMR system and/or you are currently using the eDMR system.

You have submitted a written request for a waiver from electronic reporting. See instructions for further information regarding waivers.

**12. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE	DATE SIGNED

**Before mailing, please ensure all sections are complete and additional forms, if applicable, are included. Submitting an incomplete application may result in the application being returned.**

- HAVE YOU INCLUDED THE FOLLOWING?
- Appropriate fees
  - Map at 1" = 2000'
  - Form M
  - Additional sheets for Co-permittees

## INSTRUCTIONS FOR COMPLETING FORM K - APPLICATION FOR CO-PERMITTEE SMALL MS4 GENERAL PERMIT

1. Check which option is applicable.
2. Name of municipality/area to be permitted – by what name is this area known locally? Examples: MSD Co-Permittee MS4, Boone County/Columbia/UMC MS4, Joplin MS4, Federal Medical Prison MS4, etc. Give the street address of each municipality/area's headquarters.
3. Owner – Owner of each municipality/area to be included in permit. Provide the legal name, mailing address, phone number, and email address of the owner. Correspondence will be mailed to the owner address listed on this application.
4. Continuing Authority – A continuing authority is a company, business, entity or person(s) that will be operating the facility and/or ensuring compliance with the permit requirements. A continuing authority is not, however, an entity or individual that is contractually hired by the permittee to sample or operate and maintain the system for a defined time period, such as a certified operator or analytical laboratory. To access the regulatory requirement regarding continuing authority, 10 CSR 20-6.010(2), please visit <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>. A continuing authority's name must be listed exactly as it appears on the Missouri Secretary of State's (SoS's) webpage: <https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0>, unless the continuing authority is an individual(s), government, or otherwise not required to register with the SoS.
5. Municipality Contact – Provide the name, title, work phone number, and email address of a person who is thoroughly familiar with the operation of the MS4 program and with the facts reported in this application and who can be contacted by the Department.
6. Coordinating Authority- a single entity providing coordination for the co-permittees.
7. Coordinating Authority Contact - Provide the name, title, work phone number, and email address of a person associated with the Coordinating Authority, who is thoroughly familiar with the operation of the MS4 program and with the facts reported in this application, and who can be contacted by the Department.
8. A stormwater outfall is the point(s) at which stormwater is discharged to a receiving stream. Outfall location(s) should be given in terms of the legal description. Sufficient information should be submitted so the stormwater outlet(s) may be located by Department staff. Receiving water(s) – the name of the first named receiving water body to which each stormwater discharge is directed.
9. A U.S. Geological Survey 1" = 2,000' scale map showing the municipality/area in relation to the local road systems and receiving water(s). U.S. Geological Survey topographic maps are available from the Department's Missouri Geologic Survey in Rolla, MO at 573-368-2100 or an aerial photograph with appropriate detail available from various online mapping applications. To the best of your ability mark boundaries, outfall locations, and receiving water body(ies).
10. Applicants can pay fees online by credit card or eCheck through a system called JetPay.
  - Per Section 37.001, RSMo, a transaction fee will be included. The transaction fee is paid to the third party vendor JetPay, not the Department of Natural Resources.
  - Be sure to select the correct fee type and corresponding URL to ensure your payment is applied appropriately. If you are unsure what type of fee to pay, please contact the Water Protection Program's Budget, Fees, and Grants Management Unit by phone at (573) 522-1485 for assistance.
  - Upon successful completion of your payment, JetPay provides a payment confirmation. Submit this form with a copy of the payment confirmation if requesting a new permit or a permit modification. For permit renewals of active permits, the Department will invoice fees annually in a separate request.
  - If you are unable to make your payment online, but want to pay with credit card, you may email your name, phone number, and invoice number, if applicable, to [wppfees@dnr.mo.gov](mailto:wppfees@dnr.mo.gov). The Budget, Fees, and Grants Management Unit will contact you to assist with the credit card payment. **Please do not include your credit card information in the email.**
  - Applicants can find fee rates in 10 CSR 20-6.011 at <https://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf> (<https://dnr.mo.gov/pubs/pub2564.htm>).
  - This form must be submitted with the application fee if requesting a new permit or permit modification.

11. Electronic Discharge Monitoring Report (eDMR) Submission System – Visit <http://dnr.mo.gov/env/wpp/edmr.htm> to find the eDMR Permit Holder and Certifier Registration Form and information about the eDMR system.

Waivers from electronic reporting may be granted by the Department per 40 CFR 127.15 under certain, special circumstances. A written request must be submitted to the Department for approval. Waivers may be granted to facilities owned or operated by:

- A. members of religious communities that choose not to use certain technologies or
- B. permittees located in areas with limited broadband access. The Federal Communications Commission (FCC) has created a broadband internet availability map: <https://broadbandmap.fcc.gov/#/>. Please contact the Department if you need assistance.

12. Certification/Signature – all applications must be signed as follows and the signature must be original. For a municipality, state, federal, or other public agency: By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

**Please send questions and mail completed forms with appropriate fees to the appropriate office:**

- Water Protection Program-Operating Permits Section, 573.522.4502, P.O. BOX 176, Jefferson City, MO 65102
  - All permitting actions in Camden, Cole, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, and Pettis Counties.
- Regional Offices based on the county where the facility is physically located outside the counties listed above: <https://dnr.mo.gov/regions/index.html>.